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ABSTRACT

The School Health Education Profiles monitor characteristics of health education in secondary schools nationwide, using school-based surveys conducted by state and local education agencies. This report summarizes results from 35 state surveys and 13 local surveys conducted among representative samples of school principals and lead health education teachers in 1996. Most states and cities required health education in grades 6-12, and most taught a separate health education course. The median percentage of schools that tried to increase student knowledge on certain topics was less than 72 percent for each topic. The median percentage of schools that tried to improve certain student skills was greater than 69 percent for each skill. The median percentage of schools that had health educators coordinate health education was 33 percent across states and 26.8 percent across cities. Most schools taught HIV education during required health education courses. Over half had written policies on HIV infection among students and staff. A median of 41.0 percent of schools across states and 25.8 percent across cities had a lead health educator with professional preparation in health and physical education. Across states, the median percentage of schools whose lead health educator had received inservice training on specific topics ranged from 15.6-51.4 percent. Of schools that received parental feedback, most reported receiving positive feedback. Thirteen tables comprise the bulk of this article. (Contains 11 references.) (SM)

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Characteristics of Health Education Among Secondary Schools — School Health Education Profiles, 1996

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Abstract

Problem/Condition: School health education (e.g., classroom training) is an essential component of school health programs; such education promotes the health of youth and improves overall public health.

Reporting Period: February–May 1996.

Description of System: The School Health Education Profiles monitor characteristics of health education in middle or junior high schools and senior high schools. The Profiles are school-based surveys conducted by state and local education agencies. This report summarizes results from 35 state surveys and 13 local surveys conducted among representative samples of school principals and lead health education teachers. The lead health education teacher is the person who coordinates health education policies and programs within a middle or junior high school and senior high school.

Results: During the study period, almost all schools in states and cities required health education in grades 6–12; of these, a median of 87.6% of states and 75.8% of cities taught a separate health education course. The median percentage of schools that tried to increase student knowledge on certain topics (i.e., prevention of tobacco use, alcohol and other drug use, pregnancy, human immunodeficiency virus [HIV] infection, other sexually transmitted diseases, violence, or suicide; dietary behaviors and nutrition; and physical activity and fitness) was >72% for each of these topics. The median percentage of schools that tried to improve certain student skills (i.e., communication, decision making, goal setting, resisting social pressures, nonviolent conflict resolution, stress management, and analysis of media messages) was >69% for each of these skills. The median percentage of schools that had a health education teacher coordinate health education was 33.0% across states and 26.8% across cities. Almost all schools taught HIV education as part of a required health education course (state median: 94.3%; local median: 98.1%), and more than half (state median: 69.5%; local median: 82.5%) had a written policy on HIV infection among students and school staff. A median of 41.0% of schools across states and a median of 25.8% of schools across

cities had a lead health education teacher with professional preparation in health and physical education, and <25% of schools across states or cities had a lead health education teacher with professional preparation in health education only. Across states, the median percentage of schools, whose lead health education teacher had received in-service training on certain health education topics, ranged from 15.6% for suicide prevention to 51.4% for HIV prevention; across cities, the median percentage ranged from 26.2% for suicide prevention to 76.1% for HIV prevention. A median of 19.7% of schools across states and 18.1% of schools across cities had a school health advisory council. Of the schools that received parental feedback (state median: 59.1%; local median: 54.2%), >78% reported receiving poitive feedback.

Interpretation: More than 75% of schools have a required course in health education to help provide students with the knowledge and skills they need to adopt healthy lifestyles.

Actions Taken: The School Health Education Profiles data are being used by state and local education officials to improve school health education and HIV education.

INTRODUCTION

School health education (e.g., classroom training) is an essential component of school health programs. In 1990, CDC developed an interim operational definition of health education that identifies eight elements of school health education: a) a documented, planned, and sequential program of health education for students in kindergarten through grade 12; b) a curriculum that addresses and integrates education about health problems and issues; c) activities that help young persons develop skills to avoid risk behaviors (i.e., tobacco use; alcohol and other drug [AOD] use; imprudent dietary patterns; inadequate physical activity; sexual behaviors that result in unintended pregnancy, human immunodeficiency virus [HIV] infection, or infection by other sexually transmitted diseases [STD]; and behaviors that result in unintentional and intentional injuries); d) instruction provided for a prescribed amount of time at each grade level; e) management and coordination by an education professional trained to implement the health education program in each school; f) instruction from teachers trained to teach the subject; g) involvement of parents, health professionals, and other concerned community members; and h) periodic evaluation, updating, and improvement of the health education program (*1*).

The importance of school health education in promoting the health of youth and contributing to the overall public health is articulated in *Healthy People 2000*, which includes nine objectives to be attained through school health education by the year 2000 (*2*). The Institute of Medicine (IOM) has also recognized the importance of school health education. In 1997, the IOM Committee on Comprehensive School Health Programs in kindergarten through grade 12 recommended sequential health education at all grade levels during elementary school and middle or junior high school; a required one-semester health education course at the secondary school level taught by qualified health education teachers (i.e., health education teachers with preservice training in health education) that includes effective, up-to-date curricula and emphasizes the six categories of risk behaviors identified by CDC; and preservice training in health education content and methodology for elementary school teachers (*3*).

In 1995, to assess the status of school health education within interested states and cities, CDC, in collaboration with state and large local education agencies, developed School Health Education Profiles. Data were collected for the first time in 1996, and subsequently, have been used by interested state and local education agencies to monitor characteristics of health education in the middle or junior high schools and senior high schools in their jurisdiction. The Profiles include data from a questionnaire completed by school principals and a questionnaire completed by each school's lead health education teacher. The lead health education teacher is the person who coordinates health education policies and programs within a middle or junior high school and senior high school. This report summarizes baseline data from the 1996 Profiles (principals' surveys were conducted in 35 states and 13 cities, and lead health education teachers' surveys were conducted in 34 of those states and the same 13 cities). As of the publication of this report, 1998 data are being analyzed and will be compared with the 1996 Profiles in a future surveillance summary.

METHODS

Sampling

The School Health Education Profiles employ systematic equal probability sampling strategies to produce representative samples of schools serving students in grades 6–12 in each jurisdiction. In most states and cities, the sampling frame consists of all regular secondary public schools having at least one of grades 6–12. Some sites modify this procedure by inviting all schools, rather than a sample of schools, to participate.

Data Collection

At each school, data are collected during the spring semester. The principal's questionnaire and the lead health education teacher's questionnaire are both mailed to the principal of each sampled school. The principal then determines who the lead health education teacher is and distributes the questionnaire accordingly. Participation in the surveys is confidential and voluntary. Responses are recorded on the questionnaire booklet by the principal or teacher, then returned directly to the state or local education agency. Follow-up telephone calls and written reminders encourage participation.

Data Analysis

A weighting factor is applied to each record to reflect the likelihood of principals or teachers being selected, to adjust for differing patterns of nonresponse, and to improve precision by making sample distributions conform to known population distributions. Data from a state or city with an overall response rate of ≥70% and appropriate documentation were weighted, and data from surveys from a site not meeting these criteria were not weighted. Weighted data are representative of all public schools serving grades 6–12 in the jurisdiction; unweighted data are representative only of the participating schools. Because of a low response rate, data from principals' surveys conducted in one state and data from lead health education teachers' surveys conducted in two states are not included in this report. In addition, upon request of the

state education agency, data from three states are not included in this analysis. Thus, this report presents information on 34 states with data from both principals' and lead health education teachers' surveys, 1 state with data from only the principals' survey, and 13 cities with data from both principals' and lead health education teachers' surveys (Table 1).

Across states, the sample size of the principals' surveys ranged from 49 to 852, and the response rates ranged from 51% to 96%; across cities, the sample size ranged from 24 to 232, and the response rates ranged from 74% to 100% (Table 1). Across states, the sample size of the lead health education teachers' surveys ranged from 47 to 709, and the response rates ranged from 52% to 95%; across cities, the sample size ranged from 24 to 224, and the response rates ranged from 72% to 100%.

SUDAAN* was used to compute point estimates (*4*). Medians are presented for all states (those with weighted data and those with unweighted data) and for all cities.

RESULTS

Health Education Courses

Required Health Education

Across states, 77.5%–100% (median: 95.4%) of schools required health education at least once for students in grades 6–12 (Table 2). Across cities, 86.0%–100% (median: 97.1%) of schools required health education at least once for students in grades 6–12. Among those schools that required health education, the percentage of schools that provided required health education in a separate health education course varied nearly twofold across states (range: 58.4%–100%; median: 87.6%) and fivefold across cities (range: 19.5%–100%; median: 75.8%).

Curricula, Guidelines, and Frameworks for Required Health Education Courses

The median percentage of schools with a required health education course that required teachers to use:

- A *state* health education curriculum, guidelines, or framework was 71.8% (range: 36.1%–97.5%) across states and 87.8% (range: 71.0%–96.9%) across cities (Table 3).
- A *school district* health education curriculum, guidelines, or framework was 80.5% (range: 42.4%–97.6%) across states and 97.7% (range: 75.1%–100%) across cities.
- A *school* health education curriculum, guidelines, or framework was 73.7% (range: 47.2%–87.2%) across states and 66.1% (range: 21.4%–90.9%) across cities.
- A *commercially developed* health education curriculum was 31.2% (range: 17.6%–42.9%) across states and 36.3% (range: 14.9%–76.2%) across cities.

*SUrvey DAta ANalysis, a computer software for the statistical analysis of correlated data; for additional information, contact Research Triangle Institute. 3040 Cornwallis Road, Research Triangle Park, NC 27709 (Telephone: 919-541-6000)

Schools could report use of more than one required curriculum for school health education courses.

Content of Required Health Education Courses

In a required health education course, the median percentage of schools across states that tried to increase student knowledge of tobacco-use prevention was 97.3% (range: 92.5%–100%); AOD-use prevention, 99.2% (range: 96.3%–100%); dietary behaviors and nutrition, 94.3% (range: 89.3%–98.5%); physical activity and fitness, 94.5% (range: 87.5%–98.3%); pregnancy prevention, 84.9% (range: 47.4%–94.8%); HIV prevention, 97.2% (range: 75.8%–100%); other STD prevention, 93.8% (range: 65.2%–100%); violence prevention, 85.9% (range: 76.8%–95.5%); and suicide prevention, 72.5% (range: 54.6%–85.3%) (Table 4). The median percentage of schools across cities that tried to increase student knowledge of tobacco-use prevention was 95.3% (range: 89.3%–100%); AOD-use prevention, 100% (range: 96.6%–100%); dietary behaviors and nutrition, 97.4% (range: 86.0%–100%); physical activity and fitness, 96.4% (range: 86.0%–100%); pregnancy prevention, 92.5% (range: 74.4%–97.6%); HIV prevention, 100% (range: 89.8%–100%); other STD prevention, 98.9% (range: 85.2%–100%); violence prevention, 93.3% (range: 87.0%–100%); and suicide prevention, 75.6% (range: 39.7%–89.1%).

In a required health education course, the median percentage of schools across states that tried to improve students' communication skills was 90.2% (range: 84.2%–97.3%); decision-making skills, 96.5% (range: 91.1%–99.7%); goal-setting skills, 89.8% (range: 81.1%–97.3%); skills in resisting social pressures, 96.4% (range: 91.0%–100%); skills in nonviolent conflict resolution, 81.5% (range: 72.0%–92.5%); stress-management skills, 85.7% (range: 67.8%–94.9%); and skills in analysis of media messages, 74.9% (range: 57.9%–89.4%) (Table 5). The median percentage of schools across cities that tried to improve students' communication skills was 93.8% (range: 88.4%–100%); decision-making skills, 97.4% (range: 93.0%–100%); goal-setting skills, 94.4% (range: 79.1%–100%); skills in resisting social pressures, 96.4% (range: 90.8%–100%); skills in nonviolent conflict resolution, 90.0% (range: 83.4%–100%); stress-management skills, 80.1% (range: 53.5%–96.4%); and skills in analysis of media messages, 69.8% (range: 52.7%–87.6%).

Coordination of Health Education

Across states and cities, the school district administrator (state median: 20.3%; local median: 17.1%), the school administrator (state median: 30.3%; local median: 45.2%), or a health education teacher (state median: 33.0%; local median: 26.8%) was identified most often as being responsible for coordinating health education (Table 6). Across the states and cities, school nurses (state median: 1.3%; local median: 0.0%) and outside consultants (state median: 0.0%; local median: 0.0%) rarely coordinated health education. The median percentage of schools having no coordinator of health education was 10.4% across states and 6.4% across cities.

Professional Preparation of Lead Health Education Teachers

Across states, the median percentage of schools whose lead health education teacher had professional preparation in health and physical education was 41.0%;

health education only, 4.5%; physical education only, 18.3%; science, home economics, family and consumer education, or elementary education, 19.6%; nursing or counseling, 4.1%; and another discipline, 4.6% (Table 7). Across cities, the median percentage of schools whose lead health education teacher had professional preparation in health and physical education was 25.8%; health education only, 5.6%; physical education only, 5.2%; science, home economics, family and consumer education, or elementary education, 36.4%; nursing or counseling, 3.5%; and another discipline, 3.5%.

In-Service Training on Health Education Topics

Across states, the median percentage of schools whose lead health education teacher had received ≥4 hours of in-service training in the previous 2 years on tobacco-use prevention was 21.3% (range: 11.7%–57.6%); AOD-use prevention, 40.3% (range: 29.0%–64.3%); dietary behaviors and nutrition, 26.9% (range: 16.3%–50.1%); physical activity and fitness, 31.9% (range: 19.7%–46.6%); pregnancy prevention, 21.0% (range: 9.3%–36.9%); HIV prevention, 51.4% (range: 29.2%–76.1%); other STD prevention, 33.8% (range: 23.5%–56.4%); violence prevention, 41.8% (range: 29.2%–75.1%); and suicide prevention, 15.6% (range: 9.2%–29.9%) (Table 8). Across cities, the median percentage of schools whose lead health education teacher had received ≥4 hours of in-service training in the previous 2 years on tobacco-use prevention was 40.8% (range: 3.3%–100%); AOD-use prevention was 58.5% (range: 29.7%–100%); dietary behaviors and nutrition, 33.6% (range: 11.6%–48.0%); physical activity and fitness, 35.8% (range: 11.6%–83.9%); pregnancy prevention, 43.3% (range: 21.3%–69.8%); HIV prevention, 76.1% (range: 48.4%–97.7%); other STD prevention, 60.6% (range: 38.8%–91.7%); violence prevention, 66.8% (range: 32.9%–93.0%); and suicide prevention, 26.2% (range: 10.5%–50.0%).

Across states, the median percentage of schools whose lead health education teacher wanted in-service training on tobacco-use prevention was 46.0% (range: 35.8%–59.6%); AOD-use prevention, 53.5% (range: 43.4%–68.7%); dietary behaviors and nutrition, 47.4% (range: 36.2%–58.3%); physical activity and fitness, 38.6% (range: 30.6%–54.7%); pregnancy prevention, 47.4% (range: 36.0%–62.8%); HIV prevention, 53.8% (range: 41.4%–74.6%); other STD prevention, 55.0% (range: 41.2%–67.5%); violence prevention, 62.4% (range: 51.4%–73.3%); and suicide prevention, 68.3% (range: 55.8%–78.5%) (Table 9). Across cities, the median percentage of schools whose lead health education teachers wanted in-service training on tobacco-use prevention was 47.1% (range: 36.3%–63.4%); AOD-use prevention, 62.1% (range: 48.9%–72.6%); dietary behaviors and nutrition, 54.9% (range: 23.3%–73.7%); physical activity and fitness, 45.8% (range: 26.6%–63.3%); pregnancy prevention, 46.8% (range: 30.4%–81.8%); HIV prevention, 56.1% (range: 28.0%–83.3%); other STD prevention, 52.7% (range: 39.8%–73.7%); violence prevention, 67.9% (range: 58.7%–81.9%); and suicide prevention, 70.9% (range: 53.5%–85.7%).

Parental and Community Involvement in School Health Education

School health advisory councils involve the community and parents in conducting needs assessment, developing plans and policies, and coordinating programs and

resources. The median percentage of schools in states or cities with an advisory council to address school health policies and programs was <20% (data not shown). The percentage of schools ranged from 7.6% to 57.6% (median: 19.7%) across states and from 3.8% to 54.2% (median: 18.1%) across cities.

The median percentage of schools that reported parental feedback on health education was 59.1% across states and 54.2% across cities (Table 10). Among the schools that received feedback, the median percentage that received mainly positive feedback was 86.1% across states and 92.3% across cities. The median percentage of schools that received mainly negative feedback was 1.7% across states and 0.0% across cities, and the median percentage of schools that received equally positive and negative parental feedback was 12.2% across states and 7.5% across cities.

Parents were involved in required health education courses in several ways. A median of 50.4% of schools across states and 68.4% of schools across cities sent parents health-related educational materials; 43.8% of schools across states and 61.9% of schools across cities sent parents newsletters on health-related topics; 43.9% of schools across states and 65.5% of schools across cities invited parents to attend health education classes or health fairs; and 25.6% of schools across states and 39.1% of schools across cities offered health programs for parents (Table 11).

HIV Education

The median percentage of schools that required HIV education be taught as part of a mandatory health education course was 94.3% (range: 65.3%–100%) across states and 98.1% (range: 84.4%–100%) across cities (Table 12). Among those schools across states that required HIV education, the median percentage that taught how HIV infection is and is not transmitted was 99.4% (range: 96.4%–100%); reasons for choosing sexual abstinence, 97.0% (range: 90.9%–100%); condom efficiency, 75.5% (range: 43.8%–92.7%); and how to use condoms correctly, 48.3% (range: 7.9%–65.4%). Among those schools across cities that required HIV education, the median percentage that taught how HIV infection is and is not transmitted was 100% (range: 97.3%–100%); reasons for choosing sexual abstinence, 98.3% (range: 92.7%–100%); condom efficiency, 84.1% (range: 64.9%–100%); and how to use condoms correctly was 69.0% (range: 42.3%–100%).

Policies on HIV-Infected Students or School Staff

The median percentage of schools with a written policy from their school or school district regarding HIV-infected students or school staff was 69.5% (range: 45.7%–89.4%) across states and 82.5% (range: 67.6%–100%) across cities (Table 13). Across states, the median percentage of schools with a written policy that addressed maintenance of confidentiality was 94.9% (range: 84.8%–100%); protection of HIV-infected persons from discrimination, 90.4% (range: 83.5%–97.9%); worksite safety (e.g., use of universal precautions), 92.7% (range: 83.4%–98.6%); evaluation of the health status of HIV-infected students and school staff, 68.4% (range: 50.0%–79.3%); communication of the policy to students and parents, 75.7% (range: 56.3%–88.4%); and inappropriateness of routine testing for HIV infection, 36.4% (range: 22.8%–58.1%). Across cities, the median percentage of schools with a written policy that addressed maintenance of confidentiality was 100% (range: 93.0%–100%); protection of HIV-infected persons

from discrimination, 97.6% (range: 88.7%–100%); worksite safety, 95.9% (range: 77.2%–100%); evaluation of the health status of HIV-infected students and school staff, 65.5% (range: 41.9%–97.6%); communication of the policy to students, school staff, and parents, 84.4% (range: 69.0%–100%); and inappropriateness of routine testing for HIV infection, 47.8% (range: 4.8%–73.3%).

DISCUSSION

School health education could be one of the most effective means to reduce and prevent some of the most serious health problems in the United States, including cardiovascular disease, cancer, motor-vehicle crashes, homicide, and suicide (*3*). The 1996 School Health Education Profiles data are generally similar to those from the 1994 School Health Policies and Programs Study (SHPPS) (*5*). For example, the Profiles data corroborate the SHPPS finding that many schools required health education (SHPPS: 97.2%; Profiles: >77%). However, the median percentage of schools across states and cities that taught pregnancy prevention, violence prevention, or suicide prevention was higher in the Profiles than SHPPS. This difference could be a result of increases in the percentage of schools teaching these topics from 1994 to 1996 or a result of different survey methodologies (e.g., questionnaire wording, mode of data collection, or sample design). Limitations of the 1996 School Health Education Profiles are the exclusion of private and alternative schools and the self-reporting of data by principals and lead health education teachers.

The IOM recommends that U.S. schools require a one-semester health education course at the secondary school level taught by a qualified health education teacher (*3*). The Profiles data demonstrated that among schools that required health education, the median percentage that taught it as a separate course was high (state: 87.6%; local: 75.8%), but the variation was nearly twofold at the state level and fivefold at the local level. Some education agencies will need assistance in creating a separate health education course. Lead health education teachers were more likely to have had professional preparation in health and physical education (state median: 41.0%; local median: 25.8%) than in any other major. Many other lead health education teachers reported a nonhealth education major (state median: 4.1%–19.6%; local median: 3.5%–36.4%). The number of health education teachers who major in health education needs to be increased.

The elements of school health education identified by CDC and assessed by the Profiles include a) helping students develop skills to avoid risk behaviors; b) managing and coordinating the health education program by a trained professional; c) and involving parents, health professionals, and other community members (*1*). The median percentage of schools across states and cities that taught skills in communication, decision making, goal setting, resisting social pressures, nonviolent conflict resolution, stress management, or analysis of media messages was >69%. The median percentage of schools that had a health education teacher coordinate the health education program was only 33% across states and 27% across cities. Parental and community involvement in school health education was low or moderate: the percentage of schools with a health advisory council ranged from 7.6% to 57.6% across states and from 3.8% to 54.2% across cities.

CDC has issued guidelines for school health programs to prevent tobacco use and addiction (*6*), promote lifelong healthy eating (*7*), promote lifelong physical activity (*8*), and prevent the spread of the acquired immunodeficiency syndrome (*9*). Each set of guidelines addresses the need for health education instruction for students and training for teachers. The School Health Education Profiles data demonstrated that >86% of schools across participating states and cities provided health education to students on reducing tobacco use and improving dietary behaviors and physical activity and that >76% provided health education to students on preventing HIV infection. The median percentage of teachers who received in-service training during the previous 2 years on tobacco-use prevention, dietary behaviors, and physical activity was only 21%–41% across states and cities; the median percentage of teachers who received in-service training on HIV prevention was 51% across states and 76% across cities. In addition, the median percentage of lead health education teachers who wanted in-service training on these topics was approximately 50%. More frequent in-service training with the most up-to-date information is needed to enable teachers to confidently and effectively present these topics to their students.

Many adolescents in the United States engage in behaviors that increase their risk for HIV infection (*10*). The School Health Education Profiles indicated that most schools in participating states and cities taught skills to reduce such risk behaviors, and the median percentage of schools across states and cities that required HIV education be taught as part of a mandatory health education course was >94%. The National Association of State Boards of Education (NASBE) encourages every state and school district to develop policies concerning HIV-infected students and school staff (*11*). The Profiles indicated that the median percentage of schools that had such a school or school district written policy was 70% across states and 83% across cities. Among those schools with a written policy, the median percentage that included topics recommended by NASBE (i.e., confidentiality; protecting HIV-infected persons from discrimination; worksite safety; and communicating the policy to students, school staff, and parents) was >75%.

As the School Health Education Profiles data demonstrated, a large percentage of schools provide a required course in health education to help students develop the knowledge and skills they need to adopt healthy lifestyles. Although these Profiles do not provide an in-depth assessment of all elements of school health education, they enable states and cities to monitor essential aspects of health education and to determine areas needing greater emphasis. For example, in Delaware, Profiles data are being used for program planning and development and to encourage universities to provide appropriate preservice education. In Minnesota and West Virginia, Profiles data are being used to determine what topics are being taught in the classroom and to determine what topics to offer for staff development. In South Carolina, Profiles data are being used to help advocate for requiring a health education course in high schools. In Dallas, Profiles data are being used to determine how schools are coordinating components of the school health program and to ensure that knowledge and skills are being taught in health education.

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TABLE 1. Sample size and response rates, selected U.S. sites — School Health Education Profiles, principals' and teachers' surveys, 1996

Site	Principals' surveys		Teachers' surveys	
	Sample size	Response rate (%)	Sample size	Response rate (%)
STATE SURVEYS				
Weighted data				
Alabama	371	85	367	84
Arkansas	227	74	215	70
California	852	77	NA*	NA
Connecticut	242	89	232	86
Delaware	49	86	47	82
Idaho	147	79	133	71
Iowa	280	81	262	76
Kentucky	224	72	222	71
Louisiana†	255	71	NA	NA
Maine	206	96	204	95
Massachusetts	393	90	383	87
Michigan	322	86	307	82
Minnesota	213	79	228	84
Missouri	249	73	250	74
Montana	289	85	286	84
Nebraska	423	83	388	76
New Hampshire	167	85	151	77
New Mexico	191	77	177	71
North Dakota	173	85	169	83
Ohio	400	87	371	80
Rhode Island	69	75	66	72
South Carolina	285	72	NA	NA
South Dakota	214	74	NA	NA
Tennessee	312	83	310	83
Utah	232	88	215	82
Washington	274	80	256	75
West Virginia	197	93	196	92
Wyoming	138	85	122	75
Unweighted data				
Alaska	174	66	154	59
California	NA	NA	709	64
Colorado	178	60	153	52
Georgia	238	60	238	60
Indiana	358	51	NA	NA
Kansas	333	67	270	54
Louisiana†	NA	NA	230	64
New Jersey	314	68	304	66
Oregon	291	60	254	53
South Carolina	NA	NA	258	65
South Dakota	NA	NA	200	69
LOCAL SURVEYS				
Weighted data				
Chicago, IL	232	75	224	72
Dallas, TX	46	87	48	91
Ft. Lauderdale, FL	55	100	55	100
Houston, TX	53	74	59	82
Jersey City, NJ	28	93	28	93
Los Angeles, CA	90	75	90	75
Miami, FL	88	96	81	88
Newark, NJ	47	96	46	94
New Orleans, LA	24	100	24	100
Philadelphia, PA	33	79	31	74
San Diego, CA	43	100	43	100
San Francisco, CA	35	88	35	88
Washington, DC	43	88	46	94

*Not applicable.
†Survey did not include schools from the Orleans Parish School Board.

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TABLE 2. Percentage of schools that required health education in grades 6–12 and among those schools, the percentage that taught a separate health education course, selected U.S. sites — School Health Education Profiles, principals' surveys, 1996

Site	Required health education	Taught a separate health education course*
STATE SURVEYS		
Weighted data		
Alabama	94.8	78.1
Arkansas	98.8	95.2
California	89.8	71.0
Connecticut	98.2	85.7
Delaware	100.0	100.0
Idaho	97.7	98.5
Iowa	83.7	88.6
Kentucky	87.0	79.4
Louisiana†	94.0	76.4
Maine	97.5	87.6
Massachusetts	96.6	93.8
Michigan	86.8	82.9
Minnesota	98.9	95.5
Missouri	84.0	88.6
Montana	97.0	58.4
Nebraska	93.9	75.0
New Hampshire	93.8	95.2
New Mexico	82.9	68.2
North Dakota	95.4	91.8
Ohio	99.5	98.1
Rhode Island	100.0	87.6
South Carolina	93.0	71.4
South Dakota	77.5	66.6
Tennessee	92.3	72.9
Utah	97.7	97.1
Washington	95.3	84.6
West Virginia	98.9	94.8
Wyoming	90.6	65.6
Unweighted data		
Alaska	93.6	96.1
Colorado	84.7	86.9
Georgia	99.2	86.8
Indiana	99.4	96.3
Kansas	95.8	67.8
New Jersey	100.0	90.9
Oregon	100.0	88.4
State median	**95.4**	**87.6**
LOCAL SURVEYS		
Weighted data		
Chicago, IL	93.4	58.9
Dallas, TX	86.0	70.2
Ft. Lauderdale, FL	100.0	83.0
Houston, TX	100.0	79.0
Jersey City, NJ	100.0	75.8
Los Angeles, CA	100.0	100.0
Miami, FL	91.9	63.6
Newark, NJ	95.8	84.8
New Orleans, LA	100.0	85.7
Philadelphia, PA	97.0	100.0
San Diego, CA	100.0	19.5
San Francisco, CA	97.1	60.4
Washington, DC	94.8	66.7
Local median	**97.1**	**75.8**

*Among those schools that required health education.
†Survey did not include schools from the Orleans Parish School Board.

TABLE 3. Percentage of schools that required teachers to use a specific curriculum, guidelines, or framework in a required health education course, selected U.S. sites — School Health Education Profiles, teachers' surveys, 1996

Site	State curriculum, guidelines, or framework	School district curriculum, guidelines, or framework	School curriculum, guidelines, or framework	Commercial curriculum
STATE SURVEYS				
Weighted data				
Alabama	95.8	50.6	57.0	25.0
Arkansas	84.2	57.6	60.0	25.5
Connecticut	76.6	82.2	80.0	37.8
Delaware	85.4	80.6	62.8	32.7
Idaho	68.4	78.8	61.3	30.5
Iowa	71.5	80.3	85.4	26.2
Kentucky	69.1	63.8	72.7	24.7
Maine	58.6	62.4	62.9	17.6
Massachusetts	60.9	69.2	77.5	32.3
Michigan	72.0	79.5	69.4	29.6
Minnesota	61.7	82.6	73.2	22.4
Missouri	68.1	85.8	84.9	26.2
Montana	54.5	68.6	78.4	30.5
Nebraska	36.1	56.3	76.9	22.9
New Hampshire	54.7	66.2	75.9	27.7
New Mexico	84.9	87.5	73.3	35.8
North Dakota	41.7	42.4	60.9	28.8
Ohio	76.0	95.7	81.9	25.1
Rhode Island	91.3	83.7	80.5	31.8
Tennessee	93.9	58.2	53.8	32.6
Utah	95.6	78.5	50.5	33.2
Washington	67.6	80.2	61.5	31.9
West Virginia	97.0	81.5	75.4	42.9
Wyoming	43.3	90.8	74.8	31.2
Unweighted data				
Alaska	41.1	89.6	47.6	28.1
California	84.0	86.1	64.2	37.1
Colorado	41.0	86.1	75.2	35.8
Georgia	97.5	86.0	78.3	38.5
Kansas	61.3	86.2	76.6	31.1
Louisiana*	91.1	68.1	47.2	27.5
New Jersey	89.0	97.6	87.2	36.3
Oregon	90.8	92.0	74.0	35.4
South Carolina	80.3	87.9	62.4	34.0
South Dakota	49.3	68.1	75.2	42.8
State median	**71.8**	**80.5**	**73.7**	**31.2**
LOCAL SURVEYS				
Weighted data				
Chicago, IL	87.8	75.1	77.6	43.1
Dallas, TX	84.6	92.6	66.1	36.3
Ft. Lauderdale, FL	85.5	98.1	66.0	28.3
Houston, TX	90.9	100.0	62.8	37.7
Jersey City, NJ	89.0	100.0	73.0	28.4
Los Angeles, CA	96.9	95.5	75.0	25.6
Miami, FL	95.0	98.4	62.7	33.2
Newark, NJ	89.1	100.0	76.0	40.0
New Orleans, LA	95.7	86.4	90.9	55.0
Philadelphia, PA	75.0	100.0	62.1	25.9
San Diego, CA	72.1	97.7	21.4	76.2
San Francisco, CA	78.1	86.7	42.3	14.9
Washington, DC	71.0	82.9	76.1	46.9
Local median	**87.8**	**97.7**	**66.1**	**36.3**

*Survey did not include schools from the Orleans Parish School Board.

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TABLE 4. Percentage of schools that tried to increase student knowledge on specific topics in a required health education course in any of grades 6–12, selected U.S. sites — School Health Education Profiles, teachers' surveys, 1996

Site	Tobacco-use prevention	Alcohol and other drug-use prevention	Dietary behaviors and nutrition	Physical activity and fitness	Pregnancy prevention	HIV* prevention	Other STD† prevention	Violence prevention	Suicide prevention
STATE SURVEYS									
Weighted data									
Alabama	97.8	99.7	96.9	98.0	74.3	94.0	92.3	83.4	71.2
Arkansas	96.1	99.6	95.7	96.9	78.4	94.0	92.3	79.1	81.7
Connecticut	98.5	98.5	93.8	87.5	85.3	97.0	93.8	88.5	82.9
Delaware	100.0	100.0	93.8	96.4	93.0	100.0	100.0	95.5	84.6
Idaho	99.2	99.2	95.9	96.9	65.3	92.1	86.8	90.9	79.1
Iowa	97.3	99.5	96.6	94.0	85.6	98.1	94.5	84.2	73.8
Kentucky	93.5	98.0	90.4	94.1	78.5	89.1	83.8	83.6	64.0
Maine	97.9	100.0	95.9	94.4	87.1	97.8	94.2	81.3	65.4
Massachusetts	98.4	99.1	95.8	90.1	83.4	98.6	93.2	94.3	69.3
Michigan	95.9	99.3	93.9	92.6	76.3	96.2	91.7	81.5	57.4
Minnesota	99.6	99.4	98.5	95.9	94.8	99.0	97.7	90.1	83.8
Missouri	96.6	99.5	98.1	97.8	84.5	93.8	93.9	84.7	75.0
Montana	95.4	98.2	92.8	96.8	70.9	94.8	87.1	77.1	58.8
Nebraska	97.0	98.7	92.9	94.6	73.6	92.5	87.3	76.8	67.4
New Hampshire	97.7	100.0	97.0	91.6	84.1	98.4	95.7	89.9	74.2
New Mexico	92.5	97.6	91.9	91.1	88.9	99.0	96.3	83.4	66.7
North Dakota	98.8	100.0	93.9	93.5	71.2	93.4	90.4	79.6	79.7
Ohio	98.0	99.1	93.0	92.6	90.7	98.4	95.8	85.2	81.0
Rhode Island	95.2	100.0	95.7	92.6	89.8	100.0	93.0	95.0	81.3
Tennessee	97.9	98.9	97.7	98.3	85.1	98.4	94.4	80.1	64.0
Utah	97.1	98.5	97.5	95.1	75.2	95.1	92.7	87.2	85.3
Washington	92.6	98.8	92.2	92.5	88.4	98.0	95.1	84.6	68.9
West Virginia	98.4	99.5	93.8	97.5	88.2	98.6	96.7	86.1	82.0
Wyoming	93.7	99.2	98.3	97.5	74.9	94.8	91.6	86.4	54.6
Unweighted data									
Alaska	94.1	96.3	90.2	89.6	79.1	90.4	85.9	85.9	69.4
California	98.1	98.4	92.5	90.2	86.9	97.2	93.7	86.5	63.4
Colorado	94.4	99.2	91.9	92.7	84.6	94.4	92.7	89.5	61.0
Georgia	97.5	98.7	97.5	93.7	88.1	96.6	95.3	89.5	82.2
Kansas	97.2	99.2	93.7	97.6	89.3	99.6	96.4	80.0	60.4
Louisiana§	95.8	97.7	89.3	96.3	47.4	75.8	65.2	85.8	66.2
New Jersey	99.3	100.0	94.5	96.9	90.5	99.7	98.0	94.2	80.8
Oregon	98.4	99.6	96.4	96.4	87.1	99.6	95.2	90.0	73.7
South Carolina	93.6	96.8	94.0	94.0	89.8	97.2	96.3	82.7	57.8
South Dakota	95.7	98.6	97.1	97.1	82.6	99.3	93.5	90.6	76.1
State median	**97.3**	**99.2**	**94.3**	**94.5**	**84.9**	**97.2**	**93.8**	**85.9**	**72.5**

TABLE 4. Percentage of schools that tried to increase student knowledge on specific topics in a required health education course in any of grades 6–12, selected U.S. sites — School Health Education Profiles, teachers' surveys, 1996 — Continued

Site	Tobacco-use prevention	Alcohol and other drug-use prevention	Dietary behaviors and nutrition	Physical activity and fitness	Pregnancy prevention	HIV* prevention	Other STD† prevention	Violence prevention	Suicide prevention
LOCAL SURVEYS									
Weighted data									
Chicago, IL	89.3	97.7	93.9	98.4	74.4	89.8	85.2	92.0	39.7
Dallas, TX	95.2	97.4	92.6	95.2	76.7	89.9	89.4	92.6	61.3
Ft. Lauderdale, FL	96.4	100.0	98.2	96.4	85.5	96.4	94.5	90.9	74.5
Houston, TX	93.1	96.6	94.9	94.7	86.6	96.6	96.4	98.3	75.6
Jersey City, NJ	96.4	100.0	92.8	96.4	92.5	100.0	100.0	100.0	89.1
Los Angeles, CA	95.3	100.0	99.0	91.5	96.1	100.0	98.9	87.0	75.6
Miami, FL	96.6	98.4	98.4	90.3	91.7	98.4	96.6	94.8	81.4
Newark, NJ	97.4	100.0	97.4	97.1	97.3	100.0	100.0	100.0	84.2
New Orleans, LA	95.7	100.0	95.5	100.0	95.7	100.0	100.0	100.0	77.3
Philadelphia, PA	93.3	100.0	100.0	100.0	96.7	100.0	100.0	93.3	60.7
San Diego, CA	95.2	100.0	86.0	86.0	95.3	100.0	100.0	93.0	61.9
San Francisco, CA	100.0	100.0	100.0	96.9	89.9	100.0	96.8	93.3	83.1
Washington, DC	92.7	100.0	100.0	100.0	97.6	100.0	100.0	100.0	69.8
Local median	**95.3**	**100.0**	**97.4**	**96.4**	**92.5**	**100.0**	**98.9**	**93.3**	**75.6**

*Human immunodeficiency virus.
†Sexually transmitted disease.
§Survey did not include schools from the Orleans Parish School Board.

TABLE 5. Percentage of schools that tried to improve specific student skills in a required health education course in any of grades 6–12, selected U.S. sites — School Health Education Profiles, teachers' surveys, 1996

Site	Communication	Decision making	Goal setting	Resisting social pressures	Nonviolent conflict resolution	Stress management	Analysis of media messages
STATE SURVEYS							
Weighted data							
Alabama	84.2	93.3	89.1	91.0	80.9	79.5	58.4
Arkansas	86.8	95.3	90.3	96.7	76.9	91.5	57.9
Connecticut	91.9	97.2	89.2	96.6	83.5	87.4	89.4
Delaware	97.3	98.2	93.0	100.0	83.4	89.4	78.2
Idaho	90.8	96.8	89.7	97.8	81.1	89.8	77.9
Iowa	86.4	97.2	89.7	96.5	78.1	89.7	74.5
Kentucky	86.3	92.2	88.8	91.7	78.7	81.8	71.0
Maine	91.3	94.8	88.6	92.3	72.0	85.5	83.3
Massachusetts	91.8	98.6	88.4	97.5	89.5	79.6	88.3
Michigan	90.5	94.3	90.3	97.1	81.3	86.3	80.3
Minnesota	90.8	98.8	90.4	97.7	82.6	88.5	74.7
Missouri	87.2	97.5	89.1	97.0	78.6	88.0	74.6
Montana	87.1	91.1	86.0	95.6	77.0	80.1	62.6
Nebraska	85.7	94.3	86.7	94.4	74.6	79.6	71.3
New Hampshire	91.8	97.0	86.9	94.3	82.8	82.9	83.7
New Mexico	87.6	93.4	89.9	95.7	77.7	78.0	70.6
North Dakota	90.2	98.8	92.1	94.4	77.4	89.2	67.8
Ohio	88.7	95.8	91.4	97.5	79.9	88.3	75.0
Rhode Island	93.3	96.7	81.1	96.7	90.2	82.5	80.1
Tennessee	91.3	96.6	88.7	94.9	81.9	83.5	62.6
Utah	92.7	95.6	94.2	96.6	82.6	94.7	76.6
Washington	90.6	93.0	85.4	94.6	80.0	83.6	79.4
West Virginia	94.9	97.3	97.3	95.8	88.0	91.6	77.5
Wyoming	85.1	95.2	90.1	93.6	80.6	78.1	75.5
Unweighted data							
Alaska	90.2	93.3	85.8	94.0	82.8	81.3	73.9
California	87.6	94.3	86.4	93.7	81.7	67.8	78.5
Colorado	89.2	95.8	92.5	99.2	81.7	86.0	73.3
Georgia	91.1	97.5	94.9	96.2	84.8	94.9	80.9
Kansas	87.3	97.2	90.5	97.2	77.7	85.8	65.7
Louisiana*	87.7	92.4	88.3	95.8	85.3	81.0	67.0
New Jersey	95.2	99.7	95.9	99.3	92.5	88.0	86.0
Oregon	94.0	98.0	92.9	98.8	83.4	89.2	80.9
South Carolina	90.2	96.3	94.0	98.2	78.5	79.3	70.8
South Dakota	88.5	97.1	90.6	95.7	83.5	82.0	69.8
State median	**90.2**	**96.5**	**89.8**	**96.4**	**81.5**	**85.7**	**74.9**

TABLE 5. Percentage of schools that tried to improve specific student skills in a required health education course in any of grades 6–12, selected U.S. sites — School Health Education Profiles, teachers' surveys, 1996 — Continued

Site	Communication	Decision making	Goal setting	Resisting social pressures	Nonviolent conflict resolution	Stress management	Analysis of media messages
LOCAL SURVEYS							
Weighted data							
Chicago, IL	90.4	95.7	94.4	94.4	89.8	74.5	63.7
Dallas, TX	92.1	97.4	83.0	94.7	85.7	82.5	52.7
Ft. Lauderdale, FL	94.5	98.2	98.2	96.4	92.7	96.4	83.6
Houston, TX	94.7	100.0	100.0	98.2	100.0	93.2	65.7
Jersey City, NJ	96.4	96.4	96.4	100.0	100.0	85.8	85.8
Los Angeles, CA	92.3	95.8	89.0	97.9	83.4	79.8	87.6
Miami, FL	95.2	96.7	91.7	95.2	88.3	80.1	83.0
Newark, NJ	95.2	100.0	97.4	100.0	100.0	78.3	64.0
New Orleans, LA	100.0	100.0	100.0	91.3	95.7	86.4	59.1
Philadelphia, PA	92.9	100.0	96.7	100.0	90.0	76.7	75.0
San Diego, CA	88.4	93.0	79.1	93.0	83.7	53.5	69.8
San Francisco, CA	93.8	96.9	90.7	100.0	83.5	78.9	74.3
Washington, DC	90.1	97.5	92.6	90.8	92.7	85.4	63.0
Local median	**93.8**	**97.4**	**94.4**	**96.4**	**90.0**	**80.1**	**69.8**

*Survey did not include schools from the Orleans Parish School Board.

TABLE 6. Percentage of schools that had a specific person responsible for coordinating health education within the school, selected U.S. sites — School Health Education Profiles, principals' surveys, 1996

Site	School district administrator*	School administrator†	Health education teacher	School nurse	Outside consultant	No coordinator
STATE SURVEYS						
Weighted data§						
Alabama	16.9	34.6	34.5	0.5	0.3	13.2
Arkansas	15.4	39.2	32.3	3.0	0	10.2
California	22.2	36.4	24.0	4.1	0.7	12.5
Connecticut	38.6	29.4	26.0	0.4	0.9	4.7
Delaware	21.1	35.8	40.6	0	0	2.5
Idaho	21.5	19.6	51.4	0	0	7.4
Iowa	31.2	23.9	32.2	2.7	0.5	9.5
Kentucky	10.9	35.2	37.0	1.3	0	15.6
Louisiana¶	20.3	34.1	37.4	0	0	8.2
Maine	11.9	19.5	52.6	2.5	0	13.5
Massachusetts	59.5	22.1	13.7	0.5	0.3	3.9
Michigan	29.3	28.5	29.0	1.9	0	11.3
Minnesota	17.3	27.5	47.8	0	0	7.5
Missouri	20.0	30.3	34.2	5.1	0	10.4
Montana	15.6	17.7	54.2	1.1	0	11.3
Nebraska	14.9	33.8	32.9	1.3	0	17.2
New Hampshire	7.6	30.7	35.8	10.6	0	15.3
New Mexico	15.6	29.5	29.2	11.2	0	14.7
North Dakota	14.2	28.1	50.5	0	0	7.2
Ohio	29.2	29.7	29.0	0.5	0.6	11.0
Rhode Island	29.4	44.8	19.1	3.6	0	3.1
South Carolina	24.6	36.4	29.2	1.3	0	8.6
South Dakota	18.2	25.2	37.3	1.5	0	17.8
Tennessee	20.5	36.6	27.9	1.1	0	13.8
Utah	17.3	33.0	45.4	0	0	4.2
Washington	18.1	25.1	36.2	4.9	0.6	15.1
West Virginia	16.0	30.6	44.1	0.5	0	8.8
Wyoming	26.4	21.8	30.5	5.3	0	16.0
Unweighted data§						
Alaska	27.3	33.1	23.4	1.9	0.6	13.6
Colorado	17.5	26.3	42.3	0.7	0	13.1
Georgia	26.2	44.6	22.7	0	0	6.4
Indiana	15.3	49.5	27.9	0	0	7.2
Kansas	24.3	23.7	33.0	4.0	0	15.0
New Jersey	32.0	41.8	13.7	6.2	0	6.2
Oregon	20.3	30.2	42.0	0	0	7.5
State median	**20.3**	**30.3**	**33.0**	**1.3**	**0**	**10.4**

TABLE 6. Percentage of schools that had a specific person responsible for coordinating health education within the school, selected U.S. sites — School Health Education Profiles, principals' surveys, 1996 — Continued

Site	School district administrator*	School administrator†	Health education teacher	School nurse	Outside consultant	No coordinator
LOCAL SURVEYS						
Weighted data§						
Chicago, IL	2.0	45.2	26.4	1.0	1.0	24.4
Dallas, TX	29.8	35.6	26.8	0	0	7.8
Ft. Lauderdale, FL	20.0	49.1	27.3	0	0	3.6
Houston, TX	10.9	54.2	30.6	2.4	0	2.0
Jersey City, NJ	44.8	21.4	0	7.5	0	26.3
Los Angeles, CA	5.8	63.3	25.2	0	0	5.7
Miami, FL	17.1	56.6	22.4	0	0	3.9
Newark, NJ	12.6	52.6	2.6	2.5	0	29.7
New Orleans, LA	14.3	47.6	38.1	0	0	0
Philadelphia, PA	20.0	33.3	40.0	0	0	6.7
San Diego, CA	35.7	19.0	4.8	23.8	0	16.7
San Francisco, CA	22.8	19.4	51.4	0	0	6.4
Washington, DC	10.6	28.9	54.7	0	2.9	2.9
Local median	**17.1**	**45.2**	**26.8**	**0**	**0**	**6.4**

*District health education coordinator, district general curriculum coordinator, superintendent, or other district administrator.
†Principal, department chair, or school curriculum coordinator.
§Percentages for each row might not add up to 100.0 because of rounding.
¶Survey did not include schools from the Orleans Parish School Board.

TABLE 7. Percentage of lead health education teachers who had a specific type of professional preparation, selected U.S. sites — School Health Education Profiles, teachers' surveys, 1996

Site	Health and physical education	Health education only	Physical education only	Science, home economics, family and consumer education, or elementary education	Nursing or counseling	Other
STATE SURVEYS						
Weighted data*						
Alabama	51.7	1.1	25.0	15.7	0.6	5.8
Arkansas	59.4	2.3	30.7	4.7	1.5	1.4
Connecticut	37.8	18.2	17.2	19.4	6.5	1.0
Delaware	75.2	4.7	13.4	0	4.7	2.0
Idaho	41.3	2.1	31.8	16.2	1.8	6.9
Iowa	21.9	2.5	25.6	43.7	2.9	3.3
Kentucky	48.8	8.5	12.0	24.2	3.6	2.9
Maine	38.0	13.2	13.0	25.2	9.6	1.0
Massachusetts	40.7	24.2	11.4	14.6	4.3	4.8
Michigan	27.0	10.4	18.1	35.6	2.1	6.8
Minnesota	74.9	8.7	8.7	4.5	1.4	1.8
Missouri	39.7	1.9	31.1	21.5	2.4	3.3
Montana	48.8	0.8	21.8	13.2	5.7	9.7
Nebraska	27.7	1.7	25.1	36.7	3.0	5.9
New Hampshire	19.0	7.9	21.1	25.9	21.5	4.6
New Mexico	29.7	10.0	21.7	14.6	17.8	6.2
North Dakota	29.5	1.9	18.4	38.0	2.5	9.8
Ohio	64.8	7.3	10.7	14.2	1.3	1.7
Rhode Island	49.3	16.2	19.3	1.5	13.7	0
Tennessee	49.1	2.4	8.8	29.1	5.6	5.1
Utah	36.4	14.1	21.6	17.5	0.6	9.9
Washington	22.6	5.5	19.7	34.4	9.1	8.6
West Virginia	75.7	4.2	9.3	8.5	0	2.2
Wyoming	36.9	0	18.9	29.1	11.3	3.9
Unweighted data*						
Alaska	15.6	0	9.0	45.9	5.7	23.8
California	17.1	5.9	15.5	38.9	10.5	12.2
Colorado	26.1	3.5	27.0	27.0	3.5	13.0
Georgia	59.9	4.3	12.1	10.3	3.9	9.5
Kansas	42.7	0.4	29.5	14.5	8.7	4.1
Louisiana†	77.5	1.0	13.4	4.8	0.5	2.9
New Jersey	61.2	9.1	6.2	8.3	13.0	2.2
Oregon	47.3	15.1	12.1	19.7	1.3	4.6
South Carolina	40.7	4.7	22.9	24.8	5.1	1.9
South Dakota	49.6	1.6	7.2	24.8	5.6	11.2
State median	**41.0**	**4.5**	**18.3**	**19.6**	**4.1**	**4.6**

TABLE 7. Percentage of lead health education teachers who had a specific type of professional preparation, selected U.S. sites — School Health Education Profiles, teachers' surveys, 1996 — Continued

Site	Health and physical education	Health education only	Physical education only	Science, home economics, family and consumer education, or elementary education	Nursing or counseling	Other
LOCAL SURVEYS						
Weighted data*						
Chicago, IL	23.9	0	19.2	38.2	14.2	4.4
Dallas, TX	21.9	19.7	12.2	41.4	2.6	2.1
Ft. Lauderdale, FL	44.0	6.0	10.0	32.0	6.0	2.0
Houston, TX	64.6	5.6	26.0	1.9	1.9	0
Jersey City, NJ	25.8	0	3.9	43.0	19.5	7.8
Los Angeles, CA	16.2	24.2	13.2	39.4	3.5	3.5
Miami, FL	22.4	17.0	5.1	36.4	10.4	8.6
Newark, NJ	43.2	2.9	2.9	21.9	12.9	16.2
New Orleans, LA	100.0	0	0	0	0	0
Philadelphia, PA	96.7	0	3.3	0	0	0
San Diego, CA	0	13.3	3.3	53.3	23.3	6.7
San Francisco, CA	20.9	9.9	11.0	36.7	0	21.4
Washington, DC	87.0	0	5.2	5.2	0	2.6
Local median	**25.8**	**5.6**	**5.2**	**36.4**	**3.5**	**3.5**

*Percentages for each row might not add up to 100.0 because of rounding.
†Survey did not include schools from the Orleans Parish School Board.

TABLE 8. Percentage of lead health education teachers who had attended ≥4 hours of in-service training in the previous 2 years on specific health education topics, selected U.S. sites — School Health Education Profiles, teachers' surveys, 1996

Site	Tobacco-use prevention	Alcohol and other drug-use prevention	Dietary behaviors and nutrition	Physical activity and fitness	Pregnancy prevention	HIV* prevention	Other STD† prevention	Violence prevention	Suicide prevention
STATE SURVEYS									
Weighted data									
Alabama	21.3	34.3	22.1	35.1	14.0	36.4	26.6	31.7	15.2
Arkansas	16.9	37.8	22.3	37.7	14.9	51.0	34.0	32.6	22.8
Connecticut	20.2	48.2	29.2	31.8	29.1	57.5	38.4	60.3	22.6
Delaware	23.5	63.7	36.5	33.4	36.9	58.6	36.9	66.5	19.0
Idaho	41.0	64.3	39.3	46.6	18.1	51.5	37.9	52.3	28.8
Iowa	17.0	36.1	26.5	30.1	20.7	49.3	35.9	35.6	12.0
Kentucky	21.2	34.9	21.3	29.6	21.9	45.6	30.7	39.0	13.4
Maine	18.2	42.0	27.4	27.6	21.2	58.5	36.5	39.1	10.9
Massachusetts	57.6	56.2	45.9	37.9	35.7	60.6	43.5	75.1	23.5
Michigan	22.9	41.5	28.5	27.4	32.3	62.5	48.9	40.9	9.2
Minnesota	19.8	38.0	27.1	34.7	20.6	43.9	29.3	53.9	14.7
Missouri	22.3	41.4	22.1	29.2	10.0	33.7	24.1	35.7	11.2
Montana	23.6	37.0	27.3	44.7	11.1	52.2	30.3	31.8	17.3
Nebraska	20.8	36.8	28.6	30.1	12.2	35.0	27.6	29.2	13.0
New Hampshire	39.8	55.5	50.1	45.5	25.1	61.5	39.6	61.0	29.9
New Mexico	28.3	44.5	16.3	28.4	30.1	61.1	38.0	42.2	18.8
North Dakota	29.0	45.3	39.3	32.8	14.4	50.9	37.0	40.0	20.5
Ohio	17.0	37.6	20.3	27.9	17.5	41.7	26.4	36.2	9.9
Rhode Island	19.6	35.6	24.2	19.7	19.4	29.2	26.2	59.8	27.8
Tennessee	24.6	41.0	34.4	38.3	21.7	53.7	34.4	41.4	16.0
Utah	39.4	55.1	35.3	31.6	35.4	76.1	56.4	46.5	25.1
Washington	16.4	38.8	27.3	32.0	19.9	54.8	32.9	39.3	10.2
West Virginia	38.4	48.3	34.3	46.2	20.4	56.2	40.6	50.7	10.2
Wyoming	11.7	33.8	33.9	34.2	24.3	47.2	30.8	34.4	14.4
Unweighted data									
Alaska	19.4	38.8	16.4	24.8	15.7	42.5	27.8	36.6	15.7
California	40.2	47.7	25.0	28.6	27.3	60.1	41.9	45.9	17.8
Colorado	21.0	31.1	26.7	30.8	24.2	33.9	23.5	49.6	10.1
Georgia	23.7	44.5	26.1	37.3	25.0	53.4	42.6	46.4	15.4
Kansas	20.0	32.0	23.0	36.3	15.8	36.7	26.7	35.3	9.3
Louisiana§	36.8	55.4	27.8	40.8	17.6	42.2	31.9	50.2	21.5
New Jersey	21.3	52.6	17.6	29.2	29.1	56.1	39.0	48.5	18.6
Oregon	15.9	39.3	19.6	23.1	23.9	47.8	30.4	43.4	14.3
South Carolina	20.9	29.0	22.7	35.2	24.9	51.2	33.6	43.4	9.4
South Dakota	20.9	39.5	23.1	29.5	9.3	56.1	30.8	32.3	20.0
State median	**21.3**	**40.3**	**26.9**	**31.9**	**21.0**	**51.4**	**33.8**	**41.8**	**15.6**

TABLE 8. Percentage of lead health education teachers who had attended ≥4 hours of in-service training in the previous 2 years on specific health education topics, selected U.S. sites — School Health Education Profiles, teachers' surveys, 1996 — Continued

Site	Tobacco-use prevention	Alcohol and other drug-use prevention	Dietary behaviors and nutrition	Physical activity and fitness	Pregnancy prevention	HIV* prevention	Other STD† prevention	Violence prevention	Suicide prevention
LOCAL SURVEYS									
Weighted data									
Chicago, IL	27.6	43.1	22.6	33.2	29.9	48.4	38.8	52.6	10.5
Dallas, TX	36.2	56.4	46.0	40.3	40.3	66.2	64.1	72.2	41.7
Ft. Lauderdale, FL	44.4	67.3	45.5	34.5	45.5	80.0	69.1	49.1	23.6
Houston, TX	47.9	63.3	40.3	83.9	44.2	91.2	78.1	77.1	38.0
Jersey City, NJ	37.3	70.2	40.5	36.7	29.5	77.7	52.0	66.8	48.3
Los Angeles, CA	40.8	30.9	20.5	13.6	21.3	76.1	61.6	32.9	21.1
Miami, FL	21.2	29.7	28.2	22.9	35.6	67.0	47.3	49.3	18.2
Newark, NJ	51.4	58.5	25.7	35.8	50.3	68.2	60.4	74.5	42.6
New Orleans, LA	45.8	75.0	45.8	66.7	54.2	95.8	91.7	83.3	50.0
Philadelphia, PA	3.3	43.3	13.3	50.0	43.3	60.0	56.7	60.0	13.3
San Diego, CA	100.0	100.0	11.6	11.6	69.8	97.7	81.4	93.0	46.5
San Francisco, CA	33.6	38.1	33.6	30.9	23.1	49.3	45.7	43.6	26.2
Washington, DC	46.5	60.2	48.0	56.4	51.1	87.5	60.6	72.8	22.5
Local median	**40.8**	**58.5**	**33.6**	**35.8**	**43.3**	**76.1**	**60.6**	**66.8**	**26.2**

*Human immunodeficiency virus.
†Sexually transmitted disease.
§Survey did not include schools from the Orleans Parish School Board.

TABLE 9. Percentage of lead health education teachers who wanted in-service training on specific health education topics, selected U.S. sites — School Health Education Profiles, teachers' surveys, 1996

Site	Tobacco-use prevention	Alcohol and other drug-use prevention	Dietary behaviors and nutrition	Physical activity and fitness	Pregnancy prevention	HIV* prevention	Other STD† prevention	Violence prevention	Suicide prevention
STATE SURVEYS									
Weighted data									
Alabama	49.3	63.8	46.6	43.3	54.0	71.1	62.4	69.4	68.0
Arkansas	52.5	58.8	47.7	48.1	53.5	74.6	62.2	59.2	71.0
Connecticut	42.7	44.2	47.2	30.6	45.3	48.6	48.4	56.5	65.7
Delaware	35.8	51.3	51.9	45.1	50.1	62.9	49.9	68.9	69.7
Idaho	56.0	60.5	53.9	41.1	47.8	68.8	57.3	73.3	78.5
Iowa	41.8	44.0	39.5	36.9	41.1	49.6	44.5	55.6	63.8
Kentucky	48.9	58.0	42.6	44.7	52.9	60.9	54.7	64.0	72.5
Maine	51.2	52.4	37.3	31.6	45.8	45.0	47.5	62.5	74.2
Massachusetts	44.3	57.0	52.4	39.3	51.7	49.0	56.6	62.2	77.4
Michigan	42.9	51.6	45.7	37.3	37.7	41.4	41.2	54.6	61.4
Minnesota	44.5	53.1	42.0	38.1	46.6	50.2	55.8	51.4	64.1
Missouri	43.6	53.9	43.7	36.0	45.6	66.9	55.4	55.8	61.8
Montana	47.1	48.2	51.5	46.6	42.6	58.1	55.7	68.2	66.5
Nebraska	43.4	48.9	38.8	35.5	37.4	55.2	50.4	60.3	63.6
New Hampshire	48.6	46.6	49.2	42.7	39.5	48.3	58.3	65.2	73.3
New Mexico	50.3	68.7	46.1	38.1	53.3	58.0	60.1	68.2	72.7
North Dakota	43.9	50.0	43.5	39.2	36.0	52.3	53.6	59.2	64.7
Ohio	45.0	53.5	44.4	33.9	48.4	59.4	54.6	59.3	64.0
Rhode Island	44.6	43.4	44.0	37.7	51.3	49.7	55.8	58.9	55.8
Tennessee	53.8	56.3	48.1	49.0	51.6	63.7	58.4	69.6	71.5
Utah	45.0	45.8	49.6	38.5	49.8	51.3	46.7	72.0	70.6
Washington	52.5	59.3	49.0	34.8	41.7	44.5	49.1	69.5	66.6
West Virginia	59.6	59.3	55.5	54.7	62.8	66.6	67.5	63.1	75.2
Wyoming	44.7	51.8	50.3	38.6	40.0	44.7	53.1	59.9	62.0
Unweighted data									
Alaska	43.8	49.2	36.2	38.8	39.7	51.5	44.6	66.2	63.8
California	45.3	54.5	48.2	37.3	47.0	51.4	55.2	65.8	65.5
Colorado	48.3	55.2	47.5	36.7	43.2	49.6	52.1	63.6	72.0
Georgia	46.6	53.4	43.1	34.6	50.9	57.6	55.9	61.4	62.2
Kansas	49.0	58.6	52.3	43.8	48.4	58.7	55.6	58.8	64.3
Louisiana§	51.2	57.3	58.3	52.8	42.9	66.2	57.4	60.0	69.9
New Jersey	49.5	58.3	47.5	35.3	48.3	57.9	52.8	68.2	74.7
Oregon	38.8	46.6	44.4	31.2	47.7	48.6	44.6	61.7	68.5
South Carolina	43.1	55.9	55.1	48.3	44.1	58.0	54.1	61.8	70.7
South Dakota	48.8	50.0	46.2	43.5	52.7	52.3	55.4	66.7	73.1
State median	**46.0**	**53.5**	**47.4**	**38.6**	**47.4**	**53.8**	**55.0**	**62.4**	**68.3**

TABLE 9. Percentage of lead health education teachers who wanted in-service training on specific health education topics, selected U.S. sites — School Health Education Profiles, teachers' surveys, 1996 — Continued

Site	Tobacco-use prevention	Alcohol and other drug-use prevention	Dietary behaviors and nutrition	Physical activity and fitness	Pregnancy prevention	HIV* prevention	Other STD† prevention	Violence prevention	Suicide prevention
LOCAL SURVEYS									
Weighted data									
Chicago, IL	40.3	56.0	54.9	45.8	43.3	56.1	52.2	64.0	69.9
Dallas, TX	53.2	64.9	53.2	51.6	50.6	45.8	46.3	59.6	59.0
Ft. Lauderdale, FL	43.6	54.5	54.5	34.5	43.6	43.6	52.7	67.3	70.9
Houston, TX	56.4	62.1	55.5	54.2	59.4	63.8	62.0	60.2	85.0
Jersey City, NJ	47.1	48.9	54.1	59.5	56.8	43.2	39.9	81.9	78.3
Los Angeles, CA	36.3	56.9	51.1	26.6	41.3	35.9	45.4	67.9	59.9
Miami, FL	44.2	62.9	56.2	30.9	40.0	43.6	48.6	58.7	65.2
Newark, NJ	63.4	72.6	55.2	37.5	46.8	63.3	60.5	74.2	80.5
New Orleans, LA	55.0	65.0	73.7	47.4	81.8	63.6	73.7	80.0	85.7
Philadelphia, PA	55.2	60.0	46.7	63.3	73.3	83.3	66.7	80.0	83.3
San Diego, CA	55.8	69.8	23.3	30.2	46.5	58.1	57.1	81.4	53.5
San Francisco, CA	44.0	65.4	67.4	44.3	30.4	28.0	39.8	67.9	67.4
Washington, DC	46.7	52.6	56.4	52.5	60.8	61.3	62.6	68.7	81.3
Local median	**47.1**	**62.1**	**54.9**	**45.8**	**46.8**	**56.1**	**52.7**	**67.9**	**70.9**

*Human immunodeficiency virus.
†Sexually transmitted disease.
§Survey did not include schools from the Orleans Parish School Board.

TABLE 10. Percentage of schools that received parental feedback on health education and among those schools, the percentage that received each specific type of feedback, selected U.S. sites — School Health Education Profiles, principals' surveys, 1996

Site	Received parental feedback	Type of parental feedback received*		
		Mainly positive	Mainly negative	Equally positive and negative
STATE SURVEYS				
Weighted data†				
Alabama	37.4	83.9	1.4	14.8
Arkansas	46.6	84.4	0	15.6
California	56.9	90.3	1.9	7.9
Connecticut	63.9	89.1	2.0	8.9
Delaware	70.7	83.1	0	16.9
Idaho	62.4	88.9	2.8	8.3
Iowa	54.0	85.3	3.9	10.8
Kentucky	48.2	87.4	2.2	10.4
Louisiana§	37.6	81.5	1.0	17.5
Maine	62.2	84.7	1.6	13.7
Massachusetts	67.1	89.4	1.1	9.4
Michigan	59.0	88.9	1.8	9.2
Minnesota	64.0	88.0	3.0	9.1
Missouri	49.5	90.3	0	9.7
Montana	53.6	82.1	1.9	16.0
Nebraska	44.9	86.8	1.0	12.2
New Hampshire	66.5	87.4	0.9	11.7
New Mexico	64.5	78.7	3.0	18.3
North Dakota	52.3	92.0	0	8.0
Ohio	52.6	86.1	1.6	12.2
Rhode Island	61.0	86.2	2.0	11.7
South Carolina	48.1	85.2	1.8	13.0
South Dakota	44.6	85.1	3.9	11.1
Tennessee	60.9	80.7	1.7	17.5
Utah	64.3	96.0	0	4.0
Washington	61.0	80.5	1.9	17.6
West Virginia	59.1	88.1	0.9	11.0
Wyoming	59.7	80.9	1.2	18.0
Unweighted data†				
Alaska	54.0	78.4	1.1	20.5
Colorado	65.1	84.2	3.2	12.6
Georgia	59.3	87.1	0	12.9
Indiana	57.9	90.7	2.4	6.8
Kansas	53.3	83.9	2.4	13.7
New Jersey	62.5	88.7	0	11.3
Oregon	60.3	84.0	2.9	13.1
State median	**59.1**	**86.1**	**1.7**	**12.2**
LOCAL SURVEYS				
Weighted data†				
Chicago, IL	49.7	81.2	2.9	15.9
Dallas, TX	35.3	92.3	0	7.7
Ft. Lauderdale, FL	56.4	93.5	0	6.5
Houston, TX	44.1	95.1	0	4.9
Jersey City, NJ	42.9	83.1	0	16.9
Los Angeles, CA	61.7	89.1	1.8	9.1
Miami, FL	51.3	92.5	0	7.5
Newark, NJ	55.5	83.9	0	16.1
New Orleans, LA	54.2	100.0	0	0.0
Philadelphia, PA	35.5	81.8	9.1	9.1
San Diego, CA	67.4	93.1	0	6.9
San Francisco, CA	68.8	90.9	4.6	4.5
Washington, DC	54.8	95.9	0	4.1
Local median	**54.2**	**92.3**	**0**	**7.5**

*Among those schools that received feedback.
†Percentages for each row might not add up to 100.0 because of rounding.
§Survey did not include schools from the Orleans Parish School Board.

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TABLE 11. Percentage of schools that involved parents in required health education courses, selected U.S. sites — School Health Education Profiles, teachers' surveys, 1996

Site	Sent parents health-related educational materials	Sent parents newsletters on health-related topics	Invited parents to attend health education classes or health fairs	Offered health programs for parents
STATE SURVEYS				
Weighted data				
Alabama	40.7	33.2	31.6	19.4
Arkansas	33.3	21.6	25.9	17.1
Connecticut	48.5	45.5	45.1	39.2
Delaware	53.4	41.4	53.9	20.2
Idaho	44.2	37.1	45.8	23.5
Iowa	45.2	48.8	33.9	21.2
Kentucky	42.7	35.0	39.7	25.0
Maine	51.5	42.5	39.2	27.8
Massachusetts	57.9	58.4	47.9	49.1
Michigan	49.3	50.3	41.2	30.0
Minnesota	55.4	45.2	40.6	27.8
Missouri	48.8	37.7	33.4	26.2
Montana	38.2	40.0	33.9	21.4
Nebraska	48.4	42.7	36.8	21.3
New Hampshire	54.9	51.9	44.7	36.1
New Mexico	55.3	50.4	67.2	27.1
North Dakota	40.6	35.4	33.1	28.3
Ohio	48.3	36.6	42.6	20.9
Rhode Island	48.7	42.1	48.1	33.8
Tennessee	54.9	43.6	38.5	22.0
Utah	68.7	38.6	43.0	27.6
Washington	55.4	44.6	47.3	26.8
West Virginia	57.7	52.9	50.3	28.0
Wyoming	52.9	44.0	47.3	18.4
Unweighted data				
Alaska	55.6	43.9	55.6	25.0
California	58.7	51.5	45.5	36.7
Colorado	48.8	53.7	46.7	22.0
Georgia	62.0	51.7	56.4	28.9
Kansas	48.6	42.1	36.1	19.4
Louisiana*	43.8	36.7	28.4	16.7
New Jersey	58.3	48.6	52.1	38.9
Oregon	53.2	53.4	46.2	22.9
South Carolina	56.9	52.2	50.0	23.1
South Dakota	46.3	33.3	40.3	27.5
State median	**50.4**	**43.8**	**43.9**	**25.6**
LOCAL SURVEYS				
Weighted data				
Chicago, IL	61.9	58.0	44.0	39.1
Dallas, TX	63.9	54.9	49.0	37.3
Ft. Lauderdale, FL	58.2	57.4	54.5	20.4
Houston, TX	68.4	61.8	74.9	40.3
Jersey City, NJ	73.4	67.1	52.2	38.9
Los Angeles, CA	80.2	58.1	66.6	40.1
Miami, FL	72.4	64.0	51.4	35.6
Newark, NJ	78.2	76.2	79.3	65.1
New Orleans, LA	69.6	61.9	69.6	34.8
Philadelphia, PA	67.9	69.0	65.5	37.9
San Diego, CA	62.8	79.1	53.5	55.8
San Francisco, CA	82.8	82.8	79.0	76.2
Washington, DC	68.4	48.6	80.8	52.4
Local median	**68.4**	**61.9**	**65.5**	**39.1**

*Survey did not include schools from the Orleans Parish School Board.

TABLE 12. Percentage of schools that required human immunodeficiency virus (HIV) education be taught as part of a required health education course and among those schools, the percentage of schools that taught specific topics, selected U.S. sites — School Health Education Profiles, teachers' surveys, 1996

Site	Taught HIV education	HIV education topic taught*			
		How HIV is and is not transmitted	Reasons for choosing sexual abstinence	Condom efficiency	Correct use of condoms
STATE SURVEYS					
Weighted data					
Alabama	88.2	98.9	96.9	61.7	33.4
Arkansas	81.4	100.0	95.1	77.0	33.4
Connecticut	98.5	98.5	97.1	78.4	58.4
Delaware	95.6	100.0	100.0	84.6	65.4
Idaho	86.9	98.8	90.9	63.4	24.6
Iowa	95.0	99.4	95.9	83.7	54.7
Kentucky	80.3	99.2	95.4	68.4	40.7
Maine	96.8	99.4	97.1	84.5	62.3
Massachusetts	96.6	99.4	96.7	75.7	53.4
Michigan	96.3	98.4	97.1	78.1	47.3
Minnesota	99.0	99.4	99.1	80.5	50.1
Missouri	88.8	100.0	96.2	75.5	41.5
Montana	89.8	98.6	93.7	68.8	39.7
Nebraska	83.7	98.3	94.4	66.3	36.4
New Hampshire	92.7	100.0	100.0	86.1	64.2
New Mexico	97.7	99.1	97.7	75.4	45.2
North Dakota	87.2	100.0	97.9	61.6	29.7
Ohio	94.8	99.7	97.0	79.0	53.8
Rhode Island	100.0	100.0	96.4	80.9	62.4
Tennessee	94.2	99.6	96.1	66.3	37.6
Utah	92.9	98.9	96.6	48.6	7.9
Washington	94.6	99.7	99.3	92.7	56.8
West Virginia	96.0	99.4	96.9	73.0	50.1
Wyoming	91.9	100.0	97.0	66.6	34.8
Unweighted data					
Alaska	89.0	96.4	93.6	67.6	51.4
California	95.2	98.9	97.2	83.7	61.6
Colorado	92.6	100.0	97.2	76.2	51.4
Georgia	92.3	98.6	97.2	69.3	39.5
Kansas	94.3	100.0	99.6	72.2	44.6
Louisiana†	65.3	96.9	92.2	43.8	22.0
New Jersey	99.7	99.6	97.9	81.7	63.5
Oregon	98.8	99.2	97.1	77.5	49.2
South Carolina	94.8	99.0	97.0	74.4	53.3
South Dakota	94.0	100.0	97.6	59.3	33.3
State median	**94.3**	**99.4**	**97.0**	**75.5**	**48.3**

TABLE 12. Percentage of schools that required human immunodeficiency virus (HIV) education be taught as part of a required health education course and among those schools, the percentage of schools that taught specific topics, selected U.S. sites — School Health Education Profiles, teachers' surveys, 1996 — Continued

Site	Taught HIV education	HIV education topic taught*			
		How HIV is and is not transmitted	Reasons for choosing sexual abstinence	Condom efficiency	Correct use of condoms
LOCAL SURVEYS					
Weighted data					
Chicago, IL	84.4	99.2	92.7	64.9	51.6
Dallas, TX	96.9	100.0	94.2	70.8	42.3
Ft. Lauderdale, FL	98.1	100.0	94.3	71.7	60.4
Houston, TX	94.9	98.3	98.3	84.2	62.1
Jersey City, NJ	100.0	100.0	100.0	76.6	64.8
Los Angeles, CA	100.0	100.0	98.9	84.1	72.5
Miami, CA	100.0	100.0	98.2	96.4	78.2
Newark, NJ	90.2	97.3	97.3	85.9	62.9
New Orleans, LA	100.0	100.0	100.0	90.9	91.3
Philadelphia, PA	100.0	100.0	100.0	72.4	69.0
San Diego, CA	100.0	100.0	100.0	100.0	100.0
San Francisco, CA	89.8	100.0	100.0	92.3	84.5
Washington, DC	95.0	100.0	97.2	77.9	75.1
Local median	**98.1**	**100.0**	**98.3**	**84.1**	**69.0**

*Among those schools that taught HIV education.
†Survey did not include schools from the Orleans Parish School Board.

TABLE 13. Percentage of schools with a written policy from their school or school district on human immunodeficiency virus (HIV)-infected students or school staff and among those schools, topics addressed in the policy, selected U.S. sites — School Health Education Profiles, principals' surveys, 1996

Site	Had a written policy	Topic addressed by the written policy*					
		Confidentiality†	Protection from discrimination†	Worksite safety	Evaluation of health status†	Communication of policy to students, staff, and parents	Inappropriateness of routine testing for HIV infection
STATE SURVEYS							
Weighted data							
Alabama	70.3	95.5	93.0	93.5	68.4	80.4	47.4
Arkansas	46.4	91.8	96.7	86.8	72.7	72.3	37.1
California	62.1	94.9	90.4	94.9	62.2	77.2	32.0
Connecticut	77.6	95.9	90.1	94.5	64.6	72.4	29.6
Delaware	75.8	97.2	97.2	86.8	62.1	59.6	27.6
Idaho	62.9	85.1	84.8	85.9	71.9	56.3	22.8
Iowa	67.9	90.4	86.2	91.5	70.8	77.5	36.0
Kentucky	45.7	93.0	83.8	91.4	63.1	73.3	41.2
Louisiana§	49.3	92.6	89.5	84.0	55.4	75.8	39.9
Maine	83.6	95.8	90.4	95.9	61.3	68.3	23.9
Massachusetts	71.9	98.7	94.0	94.6	67.9	81.5	38.8
Michigan	66.1	94.3	91.7	95.7	66.1	75.6	36.5
Minnesota	66.3	98.0	93.9	95.0	71.7	85.7	36.1
Missouri	77.9	95.4	91.4	92.3	79.1	79.0	36.5
Montana	64.1	96.7	92.8	92.4	70.7	79.6	35.3
Nebraska	69.5	92.4	89.8	92.7	72.6	76.5	34.3
New Hampshire	88.2	95.1	93.5	89.3	71.1	71.7	30.8
New Mexico	68.6	90.4	87.4	94.8	51.9	73.0	36.4
North Dakota	63.3	93.9	89.0	87.6	61.3	77.7	28.4
Ohio	71.2	95.1	89.1	93.9	79.3	72.5	39.2
Rhode Island	86.6	100.0	95.6	95.7	79.0	75.7	38.8
South Carolina	72.1	95.2	90.0	95.1	74.4	69.6	55.0
South Dakota	61.4	84.8	83.6	83.4	65.4	71.2	29.5
Tennessee	75.6	94.0	91.3	94.7	71.5	78.8	58.1
Utah	75.2	97.2	97.9	96.0	71.4	77.0	49.6
Washington	78.8	96.1	88.8	93.6	60.7	77.7	42.2
West Virginia	60.1	95.7	94.1	95.0	75.2	86.9	40.7
Wyoming	83.5	92.6	95.6	92.5	57.6	58.1	25.7
Unweighted data							
Alaska	58.2	94.7	92.0	92.2	50.0	71.4	34.7
Colorado	79.7	92.4	83.5	90.3	67.3	69.6	29.3
Georgia	71.8	92.0	90.1	90.7	69.6	80.2	50.6
Indiana	68.0	94.8	89.8	98.6	61.4	74.9	36.7

TABLE 13. Percentage of schools with a written policy from their school or school district on human immunodeficiency virus (HIV)-infected students or school staff and among those schools, topics addressed in the policy, selected U.S. sites — School Health Education Profiles, principals' surveys, 1996 — Continued

Site	Had a written policy	Topic addressed by the written policy*					
		Confidentiality†	Protection from discrimination†	Worksite safety	Evaluation of health status†	Communication of policy to students, staff, and parents	Inappropriateness of routine testing for HIV infection
Kansas	53.7	92.0	84.8	91.4	72.1	73.5	32.9
New Jersey	68.5	97.8	92.1	92.6	61.6	76.0	37.5
Oregon	89.4	96.7	92.7	98.4	72.4	88.4	33.2
State median	**69.5**	**94.9**	**90.4**	**92.7**	**68.4**	**75.7**	**36.4**
LOCAL SURVEYS							
Weighted data							
Chicago, IL	89.6	98.8	97.6	96.5	77.7	84.4	62.4
Dallas, TX	67.6	100.0	92.2	77.2	62.0	71.0	40.5
Ft. Lauderdale, FL	83.0	93.0	95.3	90.7	41.9	69.0	31.0
Houston, TX	71.8	100.0	100.0	97.0	77.6	93.1	67.2
Jersey City, NJ	71.9	100.0	94.4	94.4	52.7	83.3	33.0
Los Angeles, LA	96.1	98.7	98.6	97.3	89.2	94.6	73.3
Miami, FL	90.9	100.0	100.0	98.4	65.5	95.0	72.7
Newark, NJ	73.7	96.5	88.7	95.9	72.4	85.0	47.8
New Orleans, LA	81.0	100.0	100.0	92.9	66.7	93.3	64.3
Philadelphia, PA	79.3	100.0	94.7	78.9	64.7	78.9	44.4
San Diego, CA	100.0	100.0	100.0	100.0	97.6	100.0	4.8
San Francisco, CA	82.8	100.0	100.0	100.0	55.6	72.0	66.4
Washington, DC	82.5	96.7	92.7	92.7	53.0	74.8	24.6
Local median	**82.5**	**100.0**	**97.6**	**95.9**	**65.5**	**84.4**	**47.8**

*Among those schools or school districts that had a written policy.
†Of HIV-infected students and school staff.
§Survey did not include schools from the Orleans Parish School Baord.